Case 18-16016-jkf Doc 54 Filed 03/05/19 Entered 03/05/19 18:28:12 Desc Main Document Page 1 of 2

	in this information to identify your control Allen F. Wing										
	<u> </u>	arım			_						
	otor 2 buse, if filing)				_						
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	L							
Cas	e number 18-16016-jkf				Check if this is:						
(If kr	nown)		-				n amende	•			
									ng postpetitior following date:		
0	fficial Form 106I						M / DD/ \		ŭ		
_	chedule I: Your Inc	ome				IVII	ו /טט / וויו			12/15	
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	r spouse is not filing w	ith you, do not inclu	de inforn	natio	on about	your sp	ouse. If m	ore space is	needed,	
1.	Fill in your employment information.		Debtor 1				Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.	Employment status Occupation	☐ Employed				☐ Employed				
			■ Not employed				☐ Not employed				
	Include part-time, seasonal, or self-employed work.	Employer's name									
	Occupation may include student or homemaker, if it applies.	Employer's address									
		How long employed t	here?				_				
Pai	t 2: Give Details About Mor	nthly Income									
spoi	mate monthly income as of the dause unless you are separated. u or your non-filing spouse have mo		,			·		·	·	ŭ	
	e space, attach a separate sheet to										
						For Deb	tor 1		ebtor 2 or ling spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	-	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	=	
1	Calculate gross Income Add lin	na 2 ± lina 3		1	\$		0.00	\$	NI/A		

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Allen E Windrim	-	Cas	e number (if known)	18-1	6016-j	kf	
	Con	v line 4 hore	4.	For Debtor 1		For Debtor 2 or non-filing spouse		ouse	
		y line 4 here	4.	\$_	0.00	\$		N/A	
5.	_	all payroll deductions:	_	•		•			
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$ \$	0.00	\$		N/A N/A	
	5c.	Voluntary contributions for retirement plans	5c.	φ ₋	0.00	\$ 		N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$-		N/A	
	5e.	Insurance	5e.	\$	0.00	\$		N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	
	5g.	Union dues	5g.	\$	0.00	\$		N/A	
	5h.	Other deductions. Specify:	5h.+	\$_		+ \$		N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$		N/A	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	1,000.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$		N/A	
	8e.	Social Security	8e.	\$	1,369.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	8f.	\$_	313.00	\$		N/A	
		WIC		\$	175.00	\$		N/A	
	8g.	Pension or retirement income	 8g.	\$	0.00	\$		N/A	
	•	Income Contribution Affidavit -	•	-					
	8h.	Other monthly income. Specify: Sister	8h.+	\$	1,000.00	+ \$		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	3,857.00	\$		N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,857.00 + \$		N/A =	\$	3,857.00
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines					12.	<u> </u>	3,857.00
								Combin nonthly	ed income
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?						
		Yes. Explain:							